723908

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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		1

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10/15/09--01006--011 **35.00



R.A. Change C.COULLIETTE

OCT 15 2009

EXAMINER



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

October 15, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7676785 SO

Customer Reference 1: COA

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following: -

Lehigh Acres Lodge No. 2266 Loyal Order of Moose, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

Amendment Section Division of Corporations

TO:

CUDIFOT.	Lehigh Acres Lodge No. 2266 l	Loyal Order Of Moose, Inc.
SUBJECT:	-	Corporation
DOCUMENT NU	723908	
		ice/Agent and fee are submitted for filing.
Please return all con	rrespondence concerning this matt	ter to the following:
•	Name of C	Contact Person
		·
	Firm/	Company
	Ac	ldress
	City/State	and Zip Code
_	E-mail address: (to be used for	future annual report notification)
For further informa	tion concerning this matter, please	e call:
Nan	ne of Contact Person	at () Area Code & Daytime Telephone Number
	0 check made payable to the Depa	artment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a cor	poration organiz	607.1508, or 617.1508, Florida Stated under the laws of the State of $\frac{\text{Flor}}{\text{Flor}}$ ed agent, or both, in the State of Flor	rida	
1. The name of	the corporation: Lehigh Ac	cres Lodge No. 22	66 Loyal Order Of Moose, Inc.		
2. The principal					
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	07/19/72	Document number:	723908	
	d street address of the curr rtment of State: (If resigne		ent and registered office on file with t	he	
	CORPORATION SERVI	CE COMPANY			
	1201 HAYS STREET TA	LLAHASSEE FL	32301		
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or registered office	ESTATES	- Ka
	C T Corporation System			<u> </u>	£
	c/o C T Corporation Syste			PH 12:	777
		P.O. Box NOT	acceptable	35 ≥ N	1
	Plantation, Florida 33324				
The street addras changed will	ess of its registered office I be identical.	e and the street a	ddress of the business office of its r	egistered agent,	
Such change w authorized by t	as authorized by resolution he board, or the corporation	on duly adopted i on ha s been noti	by its board of directors or by an of ified in writing of the change.	ficer so	
)			Kimberly Breunling, Vice Pr	esident	
Signati	ire of an officer or director		Printed or typed name and title		
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as regt to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and sions of all statud accept the oblig t a change in the of this change.	agree to act in this capacity. tes relative to the proper and compl ation of my position as registered a registered office address, I hereby	ete performance igent. Or, if this confirm that the	
By: Relicit	Corporation System	-	10/15/09		
Sig	gnature of Registered Agent rth Assistant Secreta	arv.	Date		
	chalf of an entity:	-+ Y			
1	Typed or Printed Name				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

FL006 - 07/23/2009 C T System Online